

Response Summary:

ALZHEIMER'S DEMENTIA AND OTHER FORMS OF DEMENTIA SPECIAL CARE DISCLOSURE FORM

Disclosure forms are required for any nursing facility, residential care facility, assisted living facility, adult day care center, continuum of care facility, or special care facility that publicly advertises, intentionally markets, or otherwise engages in promotional campaigns for the purpose of communicating that said facility offers care or treatment methods within the facility that distinguish it as being especially applicable to or suitable to persons with Alzheimer's dementia or other forms of dementia. [63:1-879.2c].

Facility Instructions:

1. This form is to be submitted when:
 - A facility begins to meet the statutory definition for "Special Care Facility."
 - There are any changes since the last disclosure form submission.
2. The disclosure form shall be:
 - Posted to the Department's website.
 - Posted to the facility's website.
 - Provided to the Oklahoma State Department of Health each time it is required.
 - Provided to the State Long-Term Care Ombudsman by the Oklahoma State Department of Health.
 - Provided to any representative of a person with Alzheimer's dementia or other form of dementia who is considering placement in a special care unit.
3. This disclosure form is not intended to take the place of visiting the facility, talking with other residents' family members, or meeting one-on-one with facility staff.

Q2. Facility Name

Woodland Gardens Assisted Living

Q3. License Number

AL3801

Q4. Telephone Number

580-752-4445

Q5. Email Address

amanda@woodlandgardensal.com

Q6. Website URL

www.woodlandgardensal.com

Q7. Address

915 N Broadway

Q8. Administrator

Leigh Standerfer

Q9. Name of Person Completing the Form

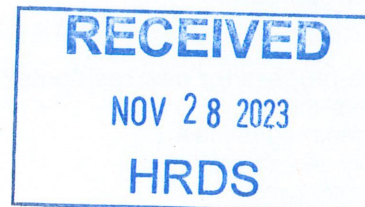
Leigh Standerfer

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

Assisted Living



Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

40

Q14. Number of Designated Alzheimer's/Dementia Beds

0

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

N/A

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

0

Q17. Check the appropriate selection

- Initial License

Q18. Describe the Alzheimer's disease special care unit, program, or facility's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's dementia or other forms of dementia.

We are not licensed to accept Alzheimer's/dementia residents.

Q19. What is involved in the pre-admission process? Select all that apply.

- Visit to facility
- Resident assessment
- Medical records assessment
- Written application

Q20. What is the process for new residents? Select all that apply.

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment



Q21. Is there a trial period for new residents?

- No

Q23. The need for the following services could cause permanent discharge from specialized care. Select all that apply.

- Medical care requiring 24 hour nursing care
- Behavior management for verbal aggression
- Bowel incontinence care
- Bladder incontinence care
- Intravenous
- Medication injections
- Feeding by staff

Q24. Who would make this discharge decision?

- Other (explain):
Along with RN

Q25. How much notice is given for a discharge?

30 days unless determined to be an emergency

Q26. Do families have input into discharge decisions?

- Yes

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Medication condition requiring 24 hours nursing care
- Unacceptable physical or verbal behavior
- Significant change in medical condition

Q28. Do you assist families in coordinating discharge plans?

- Yes

Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

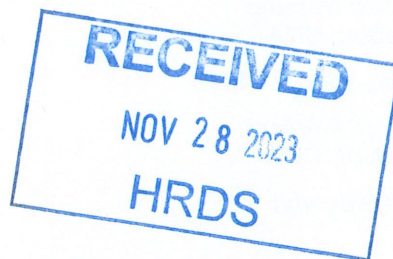
Evaluation with facility RN along with assessment from Resident PCP

Q30. What is the frequency of assessment and change to care plan? Select all that apply.

- Annually
- Other (explain):
Private Pay is annually or significant change. ADvantage Medicaid is annually, 6 months and/or significant change.

Q31. Who is involved in the care plan process? Select all that apply.

- Administrator
- Nursing assistants
- Activity director
- Family members
- Resident
- Licensed nurses
- Social worker
- Dietary
- Physician



Q32. Do you have a family council?

- No

Q33. Select any of the following options that are allowed in the facility:

- Hospice
- Home health

Q35. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

NA

**Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Day/Morning Ratio**

Licensed Practical Nurse, LPN	N/A
Registered Nurse, RN	1:17
Certified Nursing Assistant, CNA	2:17
Activity Director/Staff	1
Certified Medical Assistant, CMA	2:17
Other (specify)	N/A

**Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Afternoon/Evening Ratio**

<i>Licensed Practical Nurse, LPN</i>	N/A
<i>Registered Nurse, RN</i>	1:17
<i>Certified Nursing Assistant, CNA</i>	2:17
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	2:17
<i>Other (specify)</i>	N/A

**Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Night Ratio**

<i>Licensed Practical Nurse, LPN</i>	N/A
<i>Registered Nurse, RN</i>	1:17
<i>Certified Nursing Assistant, CNA</i>	2:17
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	2:17
<i>Other (specify)</i>	N/A

Q37#1. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - All Staff



Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	24
<i>Physical, cognitive, and behavioral manifestations</i>	24
<i>Creating an appropriate and safe environment</i>	24
<i>Techniques for dealing with behavioral management</i>	24
<i>Techniques for communicating</i>	24
<i>Using activities to improve quality of life</i>	24
<i>Assisting with personal care and daily living</i>	24
<i>Nutrition and eating/feeding issues</i>	24
<i>Techniques for supporting family members</i>	24
<i>Managing stress and avoiding burnout</i>	24
<i>Techniques for dealing with problem behaviors</i>	24
<i>Other (specify below)</i>	N/A



Q37#2. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Direct Care Staff

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	24
<i>Physical, cognitive, and behavioral manifestations</i>	24
<i>Creating an appropriate and safe environment</i>	24
<i>Techniques for dealing with behavioral management</i>	24
<i>Techniques for communicating</i>	24
<i>Using activities to improve quality of life</i>	24
<i>Assisting with personal care and daily living</i>	24
<i>Nutrition and eating/feeding issues</i>	24
<i>Techniques for supporting family members</i>	24
<i>Managing stress and avoiding burnout</i>	24
<i>Techniques for dealing with problem behaviors</i>	24
<i>Other (specify below)</i>	N/A



Q37#3. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Activity Director

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	24
<i>Physical, cognitive, and behavioral manifestations</i>	24
<i>Creating an appropriate and safe environment</i>	24
<i>Techniques for dealing with behavioral management</i>	24
<i>Techniques for communicating</i>	24
<i>Using activities to improve quality of life</i>	24
<i>Assisting with personal care and daily living</i>	24
<i>Nutrition and eating/feeding issues</i>	24
<i>Techniques for supporting family members</i>	24
<i>Managing stress and avoiding burnout</i>	24
<i>Techniques for dealing with problem behaviors</i>	24
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.
N/A

Q39. Who provides the training?
Administrator, RN, Community Manager

Q40. List the trainer's qualifications:
Licensed Administrator and RN has nursing license

Q41. What safety features are provided in your building? Select all that apply.

- Monitoring/security
- Cameras

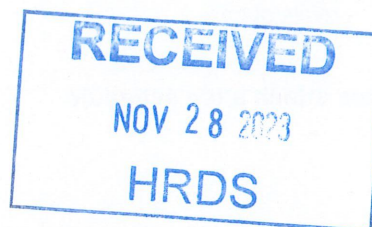
Q42. What special features are provided in your building? Select all that apply.

- Other (explain):
NA

Q42. Is there a secured outdoor area?

- Yes

Q42. If yes, what is your policy on the use of outdoor space?
Can come and outside as Resident' please



Q43. What types and frequencies of therapeutic activities are offered specific for specialized dementia individuals to address cognitive function and engage residents with varying stages of dementia?

NA

Q44. How many hours of structured activities are scheduled per day?

- 2-4 hours

Q45. Are the structured activities offered at the following times? (Select all that apply.)

- Evenings
- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

Verbal cues

Q48. What activities are offered during overnight hours for those that need them?

Social interaction, visiting with staff if needed.

Q49. What techniques are used to address wandering? (Select all that apply.)

- Other (explain):
Verbal cues, really don't have wandering in our facility.

Q51. Do you have an orientation program for families?

- No

Q52. Do families have input into discharge decisions?

- Yes

Q53. How is your fee schedule based?

- Levels of care

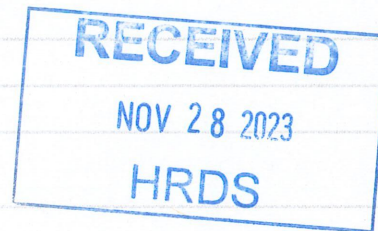
Q54. Please attach a fee schedule.

[\[Click here\]](#)



Q55#1. Select all memory care services that apply. When answer is yes, provide whether the price is included in the base rate or at an additional cost. - Is it offered?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	No
Bowel Incontinence Care	No
Medication Injections	No
Feeding Residents	No
Oxygen Administration	No
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week) Daily	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	No
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	No
Minor Nursing Services Provided by Facility Staff	Yes



Q55#2. Select all memory care services that apply. When answer is yes, provide whether the price is included in the base rate or at an additional cost. - If yes, how is price included?

Assistance in transferring to and from a Wheelchair	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Housekeeping (number of days per week) Daily	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Home Health Services	Additional Cost
Temporary Use of Wheelchair/Walker	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate